

Case Number:	CM13-0052864		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2012
Decision Date:	04/16/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 38-year-old male who reported an injury on 09/12/2012. The mechanism of injury was noted to be that the patient was climbing a metal rack and lost his balance. The patient was noted to fall to the ground in a sitting position falling approximately 3 feet. While falling, the patient was noted to hit their right knee and right shin against the metal rack. The patient was noted to have an epidural steroid injection on 08/27/2013. The patient was noted to have six (6) sessions of physical therapy and six (6) sessions of chiropractic care. The recent documentation of 09/13/2013 revealed that the patient had decreased range of motion. The patient had hypesthesia in the right leg. The patient had tenderness bilaterally at the posterior superior iliac spine (PSIS) slightly and was noted to have tenderness on the right sciatic notch. The patient's lower extremity motor strength was noted to be 5/5. The patient was had a positive straight leg raise bilaterally while sitting and while supine. The patient's diagnoses were noted to include low back syndrome, joint pain left leg, lumbar herniated nucleus pulposus, lumbar myofascial sprain/strain, and sprain of the knee and leg NOS. The request was made for physical therapy two (2) times a week for six (6) weeks to the right knee and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional physical therapy, twelve (12) total sessions, for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG Low Back (updated 10/09/13), Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines indicate that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of nine to ten (9-10) visits for myalgia and myositis. The clinical documentation submitted for review indicated that the patient had six (6) physical therapy sessions. The patient's lower extremity motor strength was noted to be 5/5, and the patient had decreased range of motion. There was lack of documentation indicating that the patient had objective functional improvement with prior physical therapy. There was lack of documentation of objective functional deficits remaining to support ongoing physical therapy. Given the above, the request for additional physical therapy, twelve (12) total sessions for the low back is not medically necessary.